

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24992

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. _____
City St. Louis Mo. City Hospital 2

File No. _____
Registered No. 7694
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 27016 2 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-3-32
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 1

MOTHER FATHER 13. NAME Yesse Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala 2

15. MAIDEN NAME Pearl Meadows

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) A. H. Stroud, Death City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE POTTERS FIELD DATE 8-25-32

19. UNDERTAKER (ADDRESS) Ray Nelson, 2945 Locust

20. FILED 106-23-1932 Dr. C. H. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-30 1932 to 7-20 1932
last saw him alive on 7-30 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

1.59
Prematurity
Other contributory causes of importance: _____
157 1
Date of onset 87 months

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Smith, M. D.
(Address) City Hospital 2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

